

_____ Plaintiff	_____ Defendant	PETITION FOR INJUNCTION AGAINST HARASSMENT <input type="checkbox"/> MODIFIED _____ Case Number
_____ Date of Birth	_____ Address	
_____	_____ City, State, Zip Code, Telephone	
NOTE: NO FILING FEES, but Service Fees May Be Waived or Deferred if You Are Unable to Pay		

1. My relationship to the defendant is/was: _____.
☐ I have/had a dating relationship with the Defendant.
2. Harassment involves a series of acts. The acts must have occurred within the past year unless the Defendant has been incarcerated or out of state. I have been harassed by the Defendant as follows (be as specific as possible, giving the date or approximate date for each action):

Date(s) **Describe what happened**

3. Is there or has there been any court case or court order that involves similar conduct by you and/or the Defendant? ☐ No ☐ Yes: If known: date, name of court, facts of case:

4. If the Court does not grant your request today, without notice to the Defendant, what serious harm may occur:

5. I ask this Court to order the Defendant not to commit an act of harassment against me and/or persons named below and/or against my property AND make the following Order(s) (check which orders you want):
☐ Waive or defer any service fees.
☐ Order the Defendant not to contact me: ☐ in person; ☐ by phone; ☐ in writing; ☐ _____

DESCRIPTION OF DEFENDANT

SEX	RACE	DATE OF BIRTH	HEIGHT	WEIGHT	EYES	HAIR	SOC.SEC.NO.

ALIAS (If Known): _____

Defendant is: ☐ Military ☐ Law Enforcement

ORIGINAL – Court

COPY – Plaintiff

COPY - Defendant

DO NOT FILL OUT ADDRESSES AND/OR PHONE NUMBERS BELOW IF YOU WANT THEM KEPT PRIVATE

The following persons should be included within the protection of this Order for the following reasons:

Name and Address if different than yours (do not include yourself)	Relationship to you	D.O.B.	Reason(s)
Name:			
Address:			
Name:			
Address:			
Name:			
Address:			

☐ Keep my address private. (Do not check this box if the Defendant knows where you live.)

☐ Order the Defendant not to come on or near (LEAVE NEXT LINE BLANK IF BOX ABOVE IS CHECKED):

☐ My residence at: _____

☐ My place of employment (Name and Address): _____
Does the Defendant also work there? ☐ Yes ☐ No

☐ School (Name and Address): _____

☐ Other address: _____

☐ Other requests: _____

My Signature

Date

Attorney's Signature

Date

VERIFICATION

I swear or affirm that the contents of this Petition are true to the best of my knowledge.

Plaintiff or Third Party

Date

SUBSCRIBED AND SWORN to before me on _____
Judicial Officer/Clerk/Notary

Date

ORIGINAL – Court

COPY – Plaintiff

COPY - Defendant